STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from) BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
John Doe dba Doe's Limo COPY Posted: Dept: Date: Time:	TRANSPORTATION COVER SHEET 23 8348 DOCKET NUMBER: 2010 - 304 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Ride With Care, LLC Address: 317 Thrower LN. Santee, SC 29142	Telephone: 803-759-1282 Fax: 803-854-4906 Other: By amison 06@ Jahos Com
NOTE: The cover sheet and information contained herein neither repletes required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTION	ON (Check all that apply)
☐ Application – Class C Taxi ☐ Application – Class C Charter	Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application – Class C Non-Emergency Application – Class E Household Goods	Request Exhibit
Application - Class E Hazardous Waste	Request Exhibit Late-Filed Exhibit Letter Proposed Order
Application	☐ Letter
Request for Extension to Comply with Order Request for Order Granting Authority to Obtain Certification Public Convenience and Necessity to Be Rescinded	·
Request for Cancellation of Certificate	Reservation Letter Response
Request for Suspension Request for Reinstatement	Return to Petition
Request for Name Change on Certificate	Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

REQUEST FOR SUSPENSION FORM (OR\$ Rev 3-2-10)

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 08-16-2012	
Please consider this as my Request for Suspension of	of;
Class C Taxi Certificate Number	
Class C Charter Certificate Number	_
Class C Charter Bus Certificate Number	
Non-Emergency Certificate Number 8332	
Class E Household Goods Certificate Number	
Class E Hazardous Wastes Certificate Number	
I request that my certificate be suspended until $05 - 2$	4-2013
lide with Care, LLC D/B/A (Name of Company)	(if applicable)
317 Thrower In (Street and or Mailing Address) Santee, 5029142	Santee SC. 29142 City, State, Zip Code)
803 - 759 - 1282 (Telephone Number)	Derthy James Jamesen (Signature and Vitie, i.e, President, Owner)
Pursuant to Regulation 103-164 applications are for the proposed suspension of service,	to state clearly and concisely the justification
Reason for Request for Suspension of Operations Work Low Volumua);
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